

UNITED STATES OF AMERICA
DEPARTMENT OF HEALTH AND HUMAN SERVICES

C E R T I F I C A T I O N O F T R U E C O P Y

Pursuant to the provisions of 42 U.S.C. 3505 and
the authority vested in me by delegation from the Secretary
(____ F.R. ____), I hereby certify that the annexed are true
copies of the documents on file in the Department of Health and
Human Services.

IN WITNESS WHEREOF, I have hereunto set my hand
and caused the seal of the Department of Health and Human
Services to be affixed, on this _____ day of
_____ 19____.

CERTIFIED TRUE COPY FURNISHED. _____ certified true copy/s of a _____ page
document identified as _____

_____ was furnished, on the date specified above,
to _____

FILE COPY

OFFICE	SURNAME	DATE	OFFICE	SURNAME	DATE

GPO 878 883